ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Clackler, Debra AIS# 159516

Medication Allergies: Codeine

Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
8/4/05	PPD ⊕ 17 mm			WM
12/05	Fibroid uterus			(A)
2/06	⊕ H. flu/w. hx			

**If Asthmatic label: Mild – Moderate – or Severe.

PROBLEM LIST

Name CACKER, DEBRA

ID # 159516

D.O.B. 12/26/54

Medication Allergies CODEINE

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
30CT 94	SIP GB SURG '89		
09/16/02	HIST	OCT 02	
9/10/03	CXR - normal		

01/94

PHS0002

PROBLEM LIST

Name CACKER, DEBRA

ID # 159516

D.O.B. 12/26/54

Medication Allergies CODEINE

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
3OCT 94	SIP GB SURG '89		
09/16/02	[HIST]		
9/10/03	CXR - normal		

01/94

PHS0003

PHS
PRISON HEALTH SERVICES INCORPORATED

INFIRMARY DISCHARGE

INMATE NAME: Clackley, Debra DOC# 159516

DISCHARGE DATE: 6/29/05

DISCHARGING DIAGNOSIS: Lipoma Resected - Pt doing well ø problems

DISCHARGING PHYSICIAN: H. Hall

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

INPATIENT HISTORY AND PHYSICAL

CHIEF COMPLAINT S/P Surgery

Hx OF PRESENT ILLNESS Lipoma Removal

PREVIOUS ILLNESS Lipoma

CURRENT MEDICATIONS PAin meds

ALLERGIES Codeine

Habits: Smoking Alcohol Drugs

Family Hx. T.B. _____ Diabetes _____ Cancer _____

Hypertension _____ Other _____

BP _____ T _____ P _____ R _____

	Normal		Abnormal
1.	✓	Head, Face & Scalp	
2.	✓	Mouth & Throat	
3.	✓	Ears & Eardrums	
4.	✓	Eyes & Pupils	
5.	✓	Chest & Lungs	
6.	✓	Cardiovascular	
7.		Abdomen, including Hernia	Incision c/d/I
8.		Anus & Rectum	
9.		Ext. Genitalia	✓
10.		Skin	✓
11.		Breast	
12.		Upper Extremities	✓
13.		Lower Extremities	✓
14.		Spine & Musculoskeletal	✓

REMARKS

DIAGNOSIS Lipoma Resection

Date: 6/27/05

Examining Physician: [signature]

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Clackley, Debra	169516	11/26/54	W/F	STP

PRISON HEALTH SERVICES INCORPORATED

NURSING DISCHARGE CHECKLIST

ADMISSION DATE AND TIME: A.M. P.M.	DISCHARGED TO: (INSTITUTION)	DISCHARGE DATE AND TIME: A.M. P.M.

ADMISSION DIAGNOSIS	DISCHARGE DIAGNOSIS

DISCHARGED ON MEDICATIONS: IF YES, LIST AS ORDERED: ☐ YES ☐ NO	DISCHARGED ON TREATMENTS: IF YES, LIST AS ORDERED: ☐ YES ☐ NO

FOLLOW-UP CARE ORDERED: ☐ YES ☐ NO	ALLERGIES:

LAB REPORTS:	NORMAL	ABNORMAL
CBC	☐	☐
URINALYSIS	☐	☐
_____	☐	☐
_____	☐	☐

X-RAY REPORTS:	NORMAL	ABNORMAL
CHEST	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

	ASSESSMENT	✓
SKIN	RASH	
	DECUBITUS	
	EDEMA	
	WARM AND DRY	
	COOL AND MOIST	
DIET	REGULAR	
	LOW SALT	
	SALT FREE	
	DIABETIC	
ELIMINATION	INCONTINENT	
	BOWEL	
	BLADDER	
	COLOSTOMY	
CONDITION	ALERT	
	ORIENTED	
	UNCOOPERATIVE	
	DEPRESSED	

OTHER PERTINENT NURSING ASSESSMENT

_____
NURSE'S SIGNATURE

SIGNATURE OF NURSE REVIEWING CHART ON RECEIPT OF PATIENT AFTER TRANSFER: _____

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.

PHS-MD-70011

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SERVICES
INCORPORATED

INFIRMARY DISCHARGE

INMATE NAME: _____ DOC# _____

DISCHARGE DATE: _____

_____

DISCHARGING DIAGNOSIS: _____

_____

_____

DISCHARGING PHYSICIAN: _____

PRISON HEALTH SERVICES INCORPORATED

INFIRMARY PATIENT CARE PLAN

Name: Clackler, Debra
DOC #: 159516
Admit Date: 6 12/106
Admit Weight:

Diagnosis:
Operations: Removal of lipoma
Special Procedures:
Allergies: Codeine

Weight:
B/P & TPR BID ____ TID ____
Q 4 hours ____ Daily ____
Neuro Checks:
Other:
N/A

Diet As tol
1 [ ] 0 [ ]
Fluids:
Encourage/Restrict
7 - 3
3 - 11
11 - 7
NPO:

Code Blue Y N
Living Will Y N
Power/Attorney Y N
Medications:
Pain PRN meds
Tylenol #3

Foley Cath:
Straight Cath:
Isolation:
Type:

Treatments:
Glucose Monitoring:

Radiology:
Preps: Y N

Respiratory Therapy:
constant/prn
cannula/mask
Oxygen 1/pm
Maximist Treatments:

Laboratory:
Tests:

Dressings/Treatments:
Dressing to Lt lateral abdomen

PRN Medications:
Percogesic tabs PO q 4° PRN pain

PHS-MD-70054

PHS0008

PRISON HEALTH SERVICES INCORPORATED

NURSING DISCHARGE CHECKLIST

ADMISSION DATE AND TIME: 6/24/05 A.M. P.M.

DISCHARGED TO: (INSTITUTION) Tutwiler

DISCHARGE DATE AND TIME: 6/27/05 A.M. P.M.

ADMISSION DIAGNOSIS: S/P removal lipoma (L) side

DISCHARGE DIAGNOSIS: S/P removal lipoma

DISCHARGED ON MEDICATIONS: ☒ YES ☐ NO
IF YES, LIST AS ORDERED: Keflex 500mg po BID x 7 days

DISCHARGED ON TREATMENTS: ☒ YES ☐ NO
IF YES, LIST AS ORDERED: Wound check in ampm 6/29/05

FOLLOW-UP CARE ORDERED: ☒ YES ☐ NO

ALLERGIES: Codeine

LAB REPORTS:	NORMAL	ABNORMAL
CBC	☐	☐
URINALYSIS N/A	☐	☐
_____	☐	☐
_____	☐	☐

X-RAY REPORTS:	NORMAL	ABNORMAL
CHEST	☐	☐
_____ N/A	☐	☐
_____	☐	☐
_____	☐	☐

	ASSESSMENT	✓
SKIN	RASH	
	DECUBITUS	
	EDEMA	
	WARM AND DRY	✓
	COOL AND MOIST	
DIET	REGULAR	✓
	LOW SALT	
	SALT FREE	
	DIABETIC	
ELIMINATION	INCONTINENT	
	BOWEL	✓
	BLADDER	✓
	COLOSTOMY	
CONDITION	ALERT	✓
	ORIENTED	✓
	UNCOOPERATIVE	
	DEPRESSED	

OTHER PERTINENT NURSING ASSESSMENT
Keep wound clean & dry
Work slip x 3 day

L Barnes
NURSE'S SIGNATURE

SIGNATURE OF NURSE REVIEWING CHART ON RECEIPT OF PATIENT AFTER TRANSFER: _____

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Clackler, Debra	159576	11/24/54	W/F	STP

PHS-MD-70011

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PROGRESS NOTES

Date/Time	Inmate's Name: Clacker, Delma D.O.B.: 11/26/57
6/27/05	PT Doing well pain minimal s/p lipoma
	(2) side/abd Removed (POD #3) friday.
	PT wants to Go Back to dorm c/o very discd
	VS: 98.2 110/64 R-16
	Heent (-)
	Lungs: CTA (B)
	CV: NSR
	Abd: (L) Flank incision c/d/I
	Ext (-)
	A: (1) s/p lipoma resection
	(2) Vag Disch
	P: (1) D/C to camp gen pop
	wound check in AM/pm 6/29/05
	(2) Flagyl 500 mg x 7d
	[signature]

60111 (5/85)

Complete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name: Whiting, Dehun D.O.B.: 11/26/54
6/26/05	3 pm S- "Good Morning"
	O: V.S. assessed. 98.2 - 46 - 16 - 98/50. ↓ Pulse.
	Encouraged to cough + deep breath and to
	splint incisional area. Dressing to Ⓛ
	lateral abdomen CDI. No complaints
	voiced. Resp. even + regular. O2 Sat. 98% RA
	Skin warm, dry, pink. No s/s of infection noted
	A. Alteration in comfort R/T S/P lipoma.
	P: Continue plan of care.
	E - Keep area cleaned & dry. ↑ fluid intake.
	Splint incisional area ō pillow + cough +
	deep breathe. —— [illegible]
6/26/05	S- No comments at this time.
8am	O- VS - T97.4, P50, B/P 118/78, R18 O2 Sat 96%
	A.S. Alert + O x 3. Skin W/D to touch. Resp. even
	+ unlabored. Dry dsg intact to Lt side of abd.
	A - Alteration in comfort R/T S/P Lipoma
	P - Cont. Plan of CARE.
	E - keep dsg dry. Contact nurse if having any problems. — C Smith LPN
6/27/05	12 pm S - Resting Quietly.
	O - VS. 100/80 - 97 - 50 - 20 Spo2 94%
	Pulse decreased, Skin Color Pink and dry
	A - noted Surgical dressing dry and intact
	to left side of abdomen. No c/o pain.
	P - Cont Plan of care.
	E. Encouraged to increase fluids, and deep breathe.
	L Duncan

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PRISON HEALTH SERVICES

DAILY PATIENT ASSESSMENT SHEET

Date 6/27/05

Clacker, Debra

	11-7		7-3		3-11	
Time	1254	321				
Assessed by (initials):	RN	LB				
RESPIRATORY						
Quality						
Normal	✓					
Shallow						
Deep						
Labored						
Rate - WNL	✓	✓				
Slow						
Rapid						
Sounds - Clear	✓	✓				
Abnormal						
Cough - Productive						
Non-Productive						
Humidified O2 Therapy						
L/Minute						
Incentive Spirometer						
Suctioning-Oral/NI/Trach						
ABDOMEN						
Abdomen soft & nondistended						
Abnormal						
Bowel sounds - Active						
Abnormal						
Pain-Tenderness						
PULSE/RATE						
Regular						
Irregular						
Strong	✓	✓				
Weak						
Apical						
Radial decreased	✓					
REFERRALS						
Patient Teaching						

	11-7		7-3		3-11	
Time	1240	3A				
Assessed by (initials):	RN	LB				
TUBES AND DRAINAGE						
	N/A					
Wound healing & inflammation						
WOUNDS/ULCERS/DRESSINGS						
Dressing Dry & Intact	✓	✓				
Dressing Changed						
Size						
Type clean/dry		✓				
Location Lt. LQF Abd	✓	✓				
TREATMENTS						
	N/A					
I.V. THERAPY						
Bottle #/Rate						
	N/A					
Site and Rate checked every two hours						

NURSE'S SIGNATURE:			
RN 11-7		LPN 11-7	L. Dennard
7-3		7-3	
3-11		3-11	
		11-7	
		7-3	
		3-11	

PHS0012

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PRISON HEALTH SERVICES INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date 6/26/05
Clatchett, Jesson

		11-7		7-3		3-11	
	Time	12	3²⁰	8AM	12N		
	Assessed by (initials):	KD	DH	CS	CS		
RESPIRATORY	Quality	✓	✓	✓	✓		
	Normal						
	Shallow						
	Deep						
	Labored						
	Rate - WNL	✓	✓	✓	✓		
	Slow						
	Rapid						
	Sounds - Clear	✓	✓	✓	✓		
	Abnormal						
	Cough - Productive						
	Non-Productive						
	Humidified O2 Therapy						
	L/Minute						
	Incentive Spirometer						
	Suctioning-Oral/NI/Trach						
ABDOMEN	Abdomen soft & nondistended		✓	✓			
	Abnormal						
	Bowel sounds - Active						
	Abnormal						
	Pain-Tenderness						
PULSE/RATE	Regular		[illegible]				
	Irregular		✓	✓			
	Strong		✓	✓			
	Weak						
	Apical						
	Radial		✓	✓			
REFERRALS	Patient Teaching						

		11-7		7-3		3-11	
	Time	12	3³⁰	8am	12N		
	Assessed by (initials):	KD	DH	CS	CS		
TUBES AND DRAINAGE		N/A		N/A			
	Wound healing S Inflammation						
WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact	✓	✓	✓	✓		
	Dressing Changed						
	Size (Sh) x Abr		✓	✓			
	Type burn	✓	✓	✓			
	Location Bilateral abdomen	✓	✓	✓			
TREATMENTS		N/A		N/A			
I.V. THERAPY	Bottle #/Rate	N/A		N/A			
	Site and Rate checked every two hours						

NURSE'S SIGNATURE:	RN	LPN	
11-7	[signature]		
7-3		C Smith	
3-11			

PHS-MD-70055

PHS
PRISON HEALTH SERVICES INCORPORATED

D... PATIENT ASSESSMENT S...ET

Date 6/25/05
Cracker, Debra

		11-7		7-3		3-11	
	Time	12	4	8A	12p	4	8
	Assessed by (initials):	XJ	XJ	MM	MM	[illegible]	[illegible]
RESPIRATORY	Quality						
	Normal	✓	✓	✓	✓	✓	✓
	Shallow						
	Deep						
	Labored						
	Rate - WNL	✓	✓	✓	✓	✓	✓
	Slow						
	Rapid						
	Sounds - Clear		✓	✓	✓	✓	✓
	Abnormal						
	Cough - Productive						
	Non-Productive						
	Humidified O2 Therapy						
	L/Minute						
	Incentive Spirometer						
	Suctioning-Oral/NI/Trach						
ABDOMEN	Abdomen soft & nondistended		✓	✓	✓	✓	✓
	Abnormal						
	Bowel sounds - Active						
	Abnormal						
	Pain-Tenderness						
PULSE/RATE	Regular		✓	✓	✓	✓	✓
	Irregular						
	Strong		✓	✓	✓	✓	✓
	Weak						
	Apical						
	Radial		✓	✓	✓	✓	✓
REFERRALS	Patient Teaching						

		11-7		7-3		3-11	
	Time	12	4	8A	12p	4	8
	Assessed by (initials):	XJ	XJ	MM	MM	[illegible]	[illegible]
TUBES AND DRAINAGE		N/A		N/A		N/A	
	Wound healing & Inflammation						
WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact		✓	✓	✓	✓	✓
	Dressing Changed						
	Size						
	Type Incision		✓	✓	✓	✓	✓
	Location						
	(L) lateral abd		✓	✓	✓	✓	✓
TREATMENTS		N/A		N/A		N/A	
I.V. THERAPY	Bottle #/Rate						
		N/A		N/A		N/A	
	Site and Rate checked every two hours						

NURSE'S SIGNATURE:	RN	LPN	
11-7	[illegible] RN		
7-3		M. Robinson LPN	
3-11	[illegible]		

PHS-MD-70055

PHS
PRISON HEALTH SERVICES INCORPORATED

PATIENT ASSESSMENT S. T

Date 6/24/08

	11-7	7-3	3-11
Time			
Assessed by (initials):			
RESPIRATORY			
Quality			
Normal			
Shallow			
Deep			
Labored			
Rate - WNL			
Slow			
Rapid			
Sounds - Clear			
Abnormal			
Cough - Productive			
Non-Productive			
Humidified O2 Therapy			
L/Minute			
Incentive Spirometer			
Suctioning-Oral/NI/Trach			
ABDOMEN			
Abdomen soft & nondistended			
Abnormal			
Bowel sounds - Active			
Abnormal			
Pain-Tenderness			
PULSE/RATE			
Regular			
Irregular			
Strong			
Weak			
Apical			
Radial			
REFERRALS			
Patient Teaching			

	11-7	7-3	3-11
Time			
Assessed by (initials):			
TUBES AND DRAINAGE			
Wound healing & inflammation			
WOUNDS/ULCERS/DRESSINGS			
Dressing Dry & Intact			
Dressing Changed			
Size			
Type			
Location	lt side abd. 4x4		
TREATMENTS			
I.V. THERAPY			
Bottle #/Rate			
Site and Rate checked every two hours			

NURSE'S SIGNATURE:	11-7	7-3	3-11
RN			M. Cannon R
LPN			

PHS-MO-70055

PHS0015

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PRISON HEALTH SERVICES INCORPORATED

Vital Signs Flow Sheet

Patient Name: Clackley, Debra
Date of Birth: 11/24/54

	Date	4/24	4/25	4/25	4/26	4/26	4/27
	Time	9:30	4A	12p	8p	3p	12a
TEMPERATURE	104						
	102						
	100						
	98				98	97.2	
		97.6	97.9	98.9			97
	96						
BLOOD PRESSURE	260						
	240						
	220						
	200						
	180						
	160						
	140						
	120			118/	112/	98/	
	100		120/ 100	68	70	50	104/68
	80						
	60						
	40						
	20						
PULSE	160						
	140						
	120						
	100						
	80						
	60	63	70	63	68	76	52
	40						
RESPIRATIONS	40						
	20	18	18	18	20	16	20
	10						

PHS-MD-70063

PHS0016

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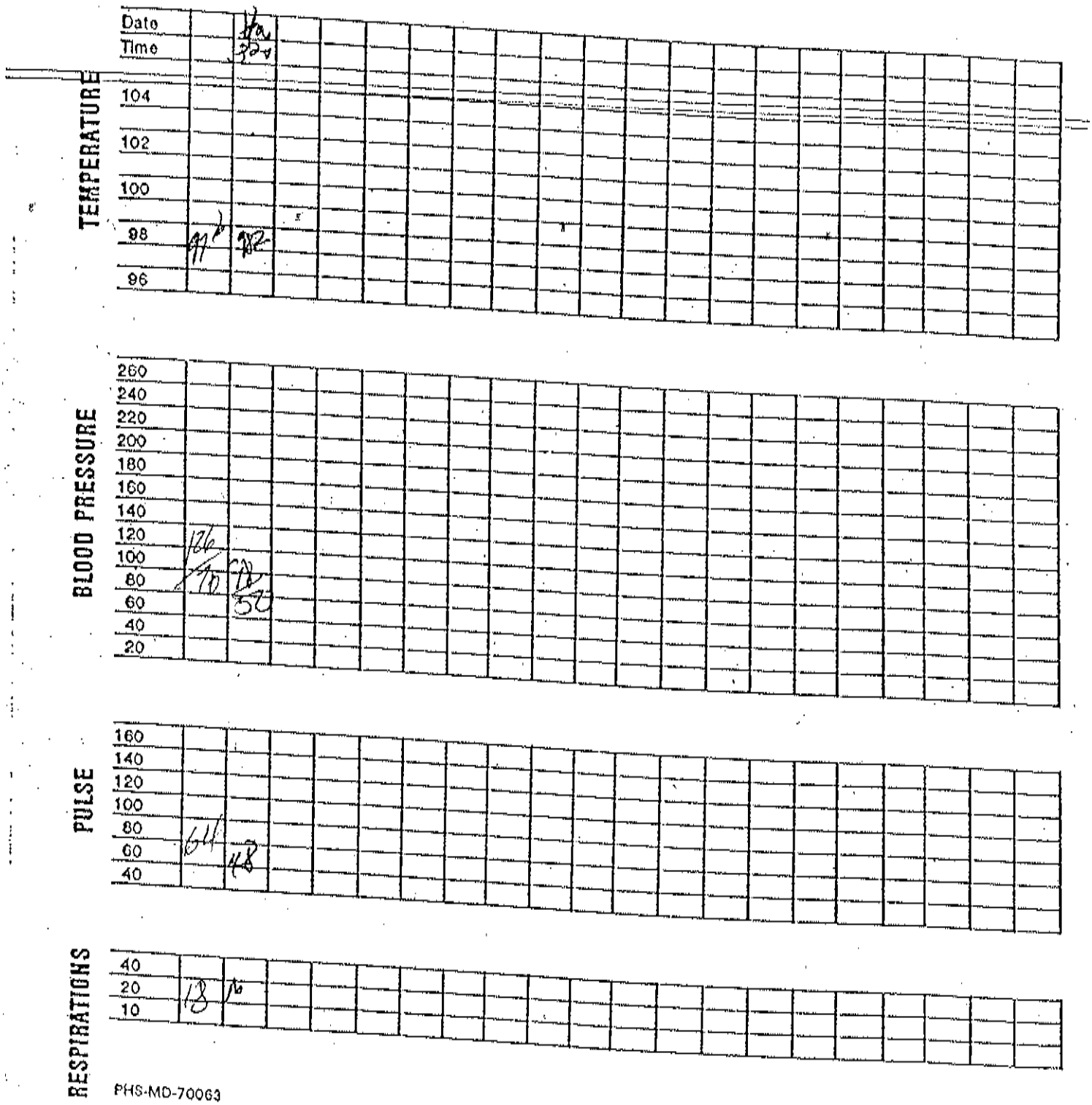
PRISON HEALTH SERVICES

Vital Signs Flow Sheet

Patient Name: Unknown
Date of Birth:



PHS-MD-70063

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

INPATIENT HISTORY AND PHYSICAL

CHIEF COMPLAINT _____

Hx OF PRESENT ILLNESS _____

PREVIOUS ILLNESS _____

CURRENT MEDICATIONS _____

ALLERGIES Codeine

Habits: Smoking Alcohol Drugs

Family Hx. T.B._____ Diabetes_____ Cancer_____

Hypertension _____ Other _____

BP _____ T_____ P _____ R _____

	Normal		Abnormal
1.		Head, Face & Scalp	
2.		Mouth & Throat	
3.		Ears & Eardrums	
4.		Eyes & Pupils	
5.		Chest & Lungs	
6.		Cardiovascular	
7.		Abdomen, including Hernia	
8.		Anus & Rectum	
9.		Ext. Genitalia	
10.		Skin	
11.		Breast	
12.		Upper Extremities	
13.		Lower Extremities	
14.		Spine & Musculoskeletal	

REMARKS

DIAGNOSIS _____

Date: _____

Examining Physician: _____

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Clarke, Debra	159576	11/26/54	W/F	JP

PHS-MD-70020

PHS0018

%

B0517400344 CLACKLER,DEBRA J
DOB: 11/26/54 Age:50Y MR #:180437
Admit Date/Time: 06/24/05 0807A
271 DALY,DANIEL M

Baptist Health

OUTPATIENT SURGERY POSTOP INSTRUCTIONS

You are urged to follow the specified instructions carefully. In order to continue your care at home, please follow the instructions checked below.

1. **GENERAL ANESTHESIA, LOCAL ANESTHESIA WITH SEDATION OR REGIONAL ANESTHESIA**
   - ☒ Do not drive, operate machinery, power tools or cook a meal for 24 hours.
   - ☒ Do not consume alcohol, tranquilizers, sleeping medications or any non-prescribed medication for 24 hours.
   - ☒ Do not make important decisions or sign any important papers in the next 24 hours.
   - ☒ You should have someone with you tonight at home.
   - ☐ Children may appear flushed for several hours after surgery. Do not ride a bicycle, skateboard, or play on gym sets for 24 hours.
   - ☐ The blocked extremity may be numb for several hours. Keep in a sling until all function returns.
   - ☐ You may experience a slight sore throat. You may gargle with salt water or use a throat lozenge.
2. **ACTIVITY**
   - ☒ You are advised to go directly ~~home~~ Tuskegee. Restrict your activities today. Resume light to normal activity tomorrow.
   - ☐ You may resume normal activity today.
   - ☐ Specific activity instructions:
   - ☐ Go to physical therapy.
   - ☐ Do not engage in strenuous activity that may place stress on your incision.
3. **FLUIDS AND DIET**
   - ☐ Begin with clear liquids, bouillon, dry toast or soda crackers.
   - ☒ If not nauseated, you may go to a regular diet when you desire. Greasy and spicy foods are not advised.
   - ☐ Special diet
   - ☒ If nauseated, refrain from heavy foods. Try dry crackers, clear liquids and jello. If nausea persists, notify your doctor.
4. **MEDICATIONS** N/A
   - ☐ Prescription sent with you. Use as directed. When taking pain medications, you may experience dizziness or drowsiness. Do not drink alcohol or drive when you are taking these medications. Prescriptions:
   - ☐ You may take a non-prescription "headache remedy" medication that you normally use with surgeon's approval. Preferably not containing aspirin.
   - ☐ You may resume your daily prescription medication schedule.
   - ☐ You may receive a pain injection during your stay with us. Be aware that the injection may leave a small bruise and the site may be sore to the touch for several days.
5. **OPERATIVE SITE**
   - ☐ Keep dressing clean and dry.
   - ☐ Do not change dressing unless instructed by physician.
   - ☐ Change dressing when soiled or wet.
   - ☒ May remove dressing: in 24 hours / May get wet in 24 hours
6. **EXTREMITIES, ARMS, HANDS, LEGS, FEET** N/A
   - ☐ Keep operative extremity elevated as much as possible to lessen swelling and discomfort.
   - ☐ Apply ice as directed.
   - ☐ Observe the affected extremity for circulation or nerve impairment, coldness, change in color, numbness or tingling.
7. **GYNECOLOGICAL PROCEDURES** N/A
   - ☐ D & C and Laparoscopic patients may have varying amounts of vaginal discharge for a few days.
   - ☐ Laparoscopic patients may develop shoulder pain in first 24 hours from residual gas.
8. **EAR, NOSE OR THROAT** N/A
   - ☐ No water or foreign objects in ear.
   - ☐ Voice rest for
   - ☐ May change the nasal tip dressing as needed and as demonstrated.
   - ☐ Keep head of bed elevated.
9. **FOLLOW UP CARE**
   - ☐ Your return office appointment is: Make appt. 2-3 weeks
   - ☐ Return to work as instructed by physician.

Call your surgeon if you have any problems that concern you. After office hours, you can reach your physician through his/her answering service. If you need immediate attention, go to the emergency room nearest you.

SPECIFIC COMPLICATIONS TO WATCH FOR

- Fever over 101° F by mouth
- Pain not relieved by medication ordered
- Swelling around operative area
- Increased redness, warmth, hardness of area
- Difficulty breathing
- Persistent nausea and vomiting
- Numbness, tingling, discoloration or cold fingers/toes
- Blood-soaked dressing (small amounts of oozing is normal)
- Increasing drainage from surgical area of exam site.
- Inability to urinate

OTHER INSTRUCTIONS: Tylenol #3 i-ii q4h PRN pain

Your Name: D Maxwell
Relation to patient: —
Phone:
Date: 6-24-05 Time:
Signature: M. Williams RN NURSE

DI 1440

WHITE- Medical Record YELLOW- Patient

FORM # DI 14408 REV. 6/30/04 (Replaces HF-051)

PHS0020

TechCare

Tuberculosis Chronic Care Appointment

10/29/2003

Name	CLACKLER,DEBRA JOYCE
DOC #	159516
Birth Date	11/26/1954

Appointment Date **10/29/2003** 0741 A

Subjective Data

Fever	no
Night Sweats	no
Anorexia	no
Weight Loss	[redacted] -3 lbs
Cough	no
Sputum	no
Hemoptysis	no
Nausea / Vomiting	no/no

Nursing Exam

Pulse	60
Blood Pressure	111/72 [L]
Temperature	97.1
Respiratory Rate	18
Weight	[redacted] 164
PPD / Date Positive	01/17/03
Nodes	okay
General Appearance	good
Jaundice	none noted

Lab Test Results

Chest X-ray	09/03
Sputum AFB	05/03
SGOT q. mo	
WBC / hct	7.3/34.5 (L)

Medications

Medication Compliance	compliant
Notify MD	
Education & Counseling	

Doctor Exam

Cough	
Sputum	
Lungs	
Chachexia	
Nodes	
Jaundice	
Abdominal Exam	

TechCare

NaphCare

Tuberculosis Chronic Care Appointment

3/10/2003

Name Chackler Debra

DOC # 159516

Birth Date 12/26/54

Appointment Date 9/8/3

Subjective Data

Fever NO
Night Sweats NO
Anorexia NO
Weight Loss NO
Cough NO
Sputum NO
Hemoptysis NO
Nausea / Vomiting NO

Nursing Exam

Pulse [redacted] 50
Blood Pressure 124/65
Temperature 98.6
Respiratory Rate 20
Weight 171
PPD / Date Positive Jan-03 +
Nodes WNL
General Appearance good
Jaundice NO

Lab Test Results

Chest X-ray
Sputum AFB
SGOT q. mo
WBC / hct

Medications

Medication Compliance 100%
Notify MD
Education & Counseling Yes

Doctor Exam

9/10/03

Cough 0
Sputum 0
Lungs Clear
Chachexia 0
Nodes 0
Jaundice 0
Abdominal Exam WNL's

LFT's 8/5/03

INH

(+) Bindy, cu. d in

TechCare

Tuberculosis Chronic Care Appointment

MaphCare

6/24/2003

Name Clackler, Debra
DOC # 159516
Birth Date 11/24/54
Appointment Date 6/24/03

Subjective Data

Fever N/A
Night Sweats N/A
Anorexia N/A
Weight Loss N/A
Cough N/A
Sputum clear
Hemoptysis N/A
Nausea / Vomiting N/A

Nursing Exam

Pulse 70
Blood Pressure 111/71
Temperature 99.2
Respiratory Rate 20
Weight 172
PPD / Date Positive 1/03 positive
Nodes N/A
General Appearance good
Jaundice N/A

Lab Test Results

Chest X-ray
Sputum AFB
SGOT q. mo
WBC / hct

Medications

Medication Compliance good
Notify MD
Education & Counseling

Doctor Exam

Cough
Sputum
Lungs
Chachexia
Nodes
Jaundice
Abdominal Exam

since TB meds. were started inmate has had problems c constipation

TechCare

Tuberculosis Chronic Care Appointment

6/24/2003

Name	CLACKLER,DEBRA JOYCE
DOC #	159516
Birth Date	11/26/1954

Appointment Date	3/13/2003

Subjective Data

Fever	y
Night Sweats	n
Anorexia	n
Weight Loss	171
Cough	n
Sputum	n
Hemoptysis	n
Nausea / Vomiting	n

Nursing Exam

Pulse	88
Blood Pressure	132/86
Temperature	98.8
Respiratory Rate	22
Weight	n
PPD / Date Positive	1/03
Nodes	WNL
General Appearance	good
Jaundice	n

Lab Test Results

Chest X-ray	o
Sputum AFB	o
SGOT q. mo	o
WBC / hct	o

Medications

Medication Compliance	compliant
Notify MD	o
Education & Counseling	Given

Doctor Exam

Cough	n
Sputum	
Lungs	
Chachexia	
Nodes	
Jaundice	
Abdominal Exam	

TechCare

MaphCare

Tuberculosis Chronic Care Appointment

3/10/2003

Name Chandler, Debra

DOC # 159516

Birth Date 11-26-54

Appointment Date 3-13-03

Subjective Data

Fever – Yes (Cold)
Night Sweats – No
Anorexia – No
Weight Loss – No
Cough – No
Sputum – No
Hemoptysis – No
Nausea / Vomiting – No

Nursing Exam

Pulse – 88
Blood Pressure 132/86
Temperature – 96.8
Respiratory Rate – 22
Weight – 171
PPD / Date Positive –
Nodes – WNL
General Appearance – Good
Jaundice – No

Lab Test Results

Chest X-ray
Sputum AFB
SGOT q. mo
WBC / hct

Medications

Medication Compliance – 100%
Notify MD
Education & Counseling – Given

Doctor Exam

Cough
Sputum
Lungs
Chachexia
Nodes
Jaundice
Abdominal Exam

TB CLINICAL RECORD

PHALCON LABEL

Name Clac, Debra CHR #
SSN 417-80-9985 Race W DOB 11-26-5
Med# Sex F Date 1-7-03
Address Julia Tutwiler Phone

48

Clinic: ☐ Outpatient ☐ Regular chest
☒ First X-ray ☐ Re-X-ray
Date of X-Ray 1-21-03 X-ray No 11
Occupations: Present
Past Personal Physician(s)

EVALUATION: (If contact; Name of index case, why TB tested, who referred and why.) contact - slept in next bunk PPD - Clac

CURRENT SYMPTOMS & MEDICAL HISTORY:

Loss of appetite: YES/NO Weight loss: YES/NO Fever: YES/NO Chest pain: YES/NO Night sweats: YES/NO
Hoarseness: YES/NO Liver disease: YES/NO Fatigue: YES/NO Dyspnea: YES/NO
Smoker: YES/NO — Packs per day ____ Number of years ____
Alcohol use: YES/NO — Quantity: ____ Frequency ____
Allergies: YES/NO — To what: Codine
Productive cough: YES/NO
Sputum production: Color: ____ Consistency ____ Amount per day: ____ Hemoptysis: ____
Specimen collected today: YES/NO
Other symptoms: ____
Regular periods? YES/NO LMP: ____ Pregnant? YES/NO Contraception method: ____ HIV status: ____
Present weight: ____ Usual weight: ____ Height: ____
ANTI-TUBERCULOSIS CHEMOTHERAPY PAST & PRESENT: (Specify drugs & dates) none
Other medications: ____

BACTERIOLOGICAL STATUS:

Last neg smear: ____ (aerosol ____ spontaneous ____)
Last neg cul: ____ (aerosol ____ spontaneous ____ other ____)
Last pos smear: ____ (aerosol ____ spontaneous ____)
Last pos cul: ____ (aerosol ____ spontaneous ____ other ____)

Susceptibility Studies:
Date: ____
Sensitive to all drugs: YES/NO
Resistant to: ____

MANTOUX SKIN TEST: Date: 1-15-03 Result: (mm of induration): 20mm
Other skin tests: 0 in past
Signature: [signature]
FILM INTERPRETATION: Date: 1-7-03

CXR: WNL

STATUS: (Please circle one) NORMAL/ABNORMAL -If abnormal, please circle one: Cavitary–Noncavitary–Stable–Worsening–Improving
DIAGNOSES: (According to diagnostic standards) Converter
RECOMMENDATIONS:

1. INH 300 mg + 90 gm x 9 months
2. LFT per protocol

PHS0026

[signature] M.D

Date: 11/21/03

White (TB Div) Canary (CO HD) Pink (Pri Phy)

ADPH-CHR-19/Rev. 9-00-rm

CHR 19

IMMUNIZATION RECORD

Name Clackler, Debra AIS 159516 D.O.B. 11/26/54

Hep A Vaccine

Date _____ By _____

Date _____ By _____

Hep B Vaccine

1) Date _____ By _____

2) Date _____ By _____

3) Date _____ By _____

Influenza

Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____

Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____

Pneumococcal

Date _____ By _____
Date _____ By _____

Date _____ By _____
Date _____ By _____

TB PPD

Date 7/25/05 location Result LFA
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____

Date 7/28/05 Result 17mm
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____

Tetanus Date _____ By _____
Tetanus Date _____ By _____

IMMUNIZATION RECORD

Name Clackler, Debra AIS 159516 D.O.B. 11/26/54

Hep A Vaccine

Date _____ By _____

Date _____ By _____

Hep B Vaccine

1) Date _____ By _____

2) Date _____ By _____

3) Date _____ By _____

Influenza

Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____

Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____
Date _____ By _____

Pneumococcal

Date _____ By _____
Date _____ By _____

Date _____ By _____
Date _____ By _____

TB PPD

Date 7/25/05 location Result LFA
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____

Date 7/28/05 Result 17mm
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____
Date _____ Result _____

Tetanus Date _____ By _____
Tetanus Date _____ By _____

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
3/31/05	5:00pm	Inmate assessed for movement to L.A. She is not stable at this time due to significant health issues that are impairing her ability to cope. She is to be not cleared for mov. to L.A. Notified ADOC.	Teresa Jordan Psy. D.

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Clacken, Debra	159516			

F-61

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: [illegible] AIS #: [illegible] R/S [illegible]

Date: 6 / 24 / 92 DOB: 11 / 26 / 54 AGE: 38

Beta II 92 WAIS ____ / ____ / ____ WRAT-RL 11 Last School Grade Completed 12

MMPI Welsh Code [illegible] Megargee Type [illegible]

General Appearance

✓ a. Neat and generally appropriate

___ b. Poorly groomed

___ c. Flat or avoiding interaction

___ d. Sad or worried

___ e. Other ____________________

I. Interpersonal Functioning

✓ a. Normal-good relationships likely

___ b. Withdrawn / apparent loner

___ c. Likely to ignore rights / needs

___ d. Lacks skill or confidence

___ e. Probably difficult to get along with

*Other (Specify) ___ 1. ___ 2. ___ 3. ___ 4. ___ 5. ✓ 6. (See Copy) [illegible]

II. Personality

___ a. Healthy

___ b. Antisocial

___ c. Paranoid

___ d. Explosive

___ e. Dependent

___ f. Passive-Aggressive

Other (Specify): ___ 1. Schizoid ___ 2. Schizotypal ___ 3. Histrionic ___ 4. Narcissistic ___ 5. Borderline ✓ 6. Avoidant [illegible] ___ 7. Compulsive ___ 8. Atypical/mixed

✓ 9. See Copy (Write in your wording) [illegible]

III. Substance Abuse

___ a. Alcohol addiction / abuse history [illegible]

___ b. Drug addiction / abuse history [illegible]

N-259

White to Central Records File
Yellow to Institutional File
Pink to Hospital Records

[illegible signature]

*See manual for selections and numbers for "other"

PHS0030

_____ c. Current use denied

_____ d. Current addiction denied

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8.
_____ 9. (See Copy)

IV. Emotional Status

_____ a. No significant problems

_____ b. Depressed

✓ c. Anxious or stressful Mild [illegible] adjusting to [illegible] temporary detention.

_____ d. Angry or resentful

_____ e. Confusion or psychotic symptoms

_____ f. Mood disturbances

_____ g. Sexual maladjustment

_____ h. Paranoid ideation

_____ i. Sleep / appetite disorder

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8.
_____ 9. (See Copy)

V. Mental Deficiency

_____ a. Mild

_____ b. Moderate

_____ c. Severe

_____ d. Borderline

_____ e. Organic impairment suspected

_____ f. Memory deficit

Remarks: Average intellectual functioning [illegible]

*See manual for selections and numbers for "*other"

VI. Management Problems

Ideation [illegible]

____ a. Suicide potential

Plans [illegible]

History of attempts / gestures [illegible]

____ b. Serious mental history (specify) ____

____ c. Impulsive / acting-out behaviors predicted ____

____ d. Authority conflict ____

____ e. Manipulative / untrustworthy ____

____ f. Easily victimized ____

____ g. Escape potential ____

____ h. Assaultiveness ____

*Other ____ 1. ____ 2. ____ 3. ____ 4. ____ 5. ____ 6. ____ 7. ____ 8. ____ 9.(See Copy)

VII. Educational Needs

____ a. ABE ____ b. Special Education ✓ c. Trade School ____ d. Jr. College

VIII. Mental Health Needs

Date referred Month ____ Year ____

____ A. Refer to psychiatric service
✓ C. Depression
____ K. Personal Development
____ B. Substance abuse counseling
____ E. Sexual adjustment
✓ D. Stress management
____ G. Anger induced acting out
✓ F. Reality therapy
✓ I. Self-concept enhancement
____ H. Values clarification
____ J. Healthy use of leisure

RECOMMENDATIONS / REMARKS: [illegible]

[illegible] Signature

[illegible] Date

*See manual (pages 23-25) for selections for "other" Give number and wording of selection

ID=[illegible] DATE=19930619 SEX = F CLACKLER, DEBRA JOYCE IN = 6

	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
RAW:	7	3	23	14	21	25	22	41	11	29	24	18	36
T:	60	50	70	52	53	61	57	59	59	56	52	54	61

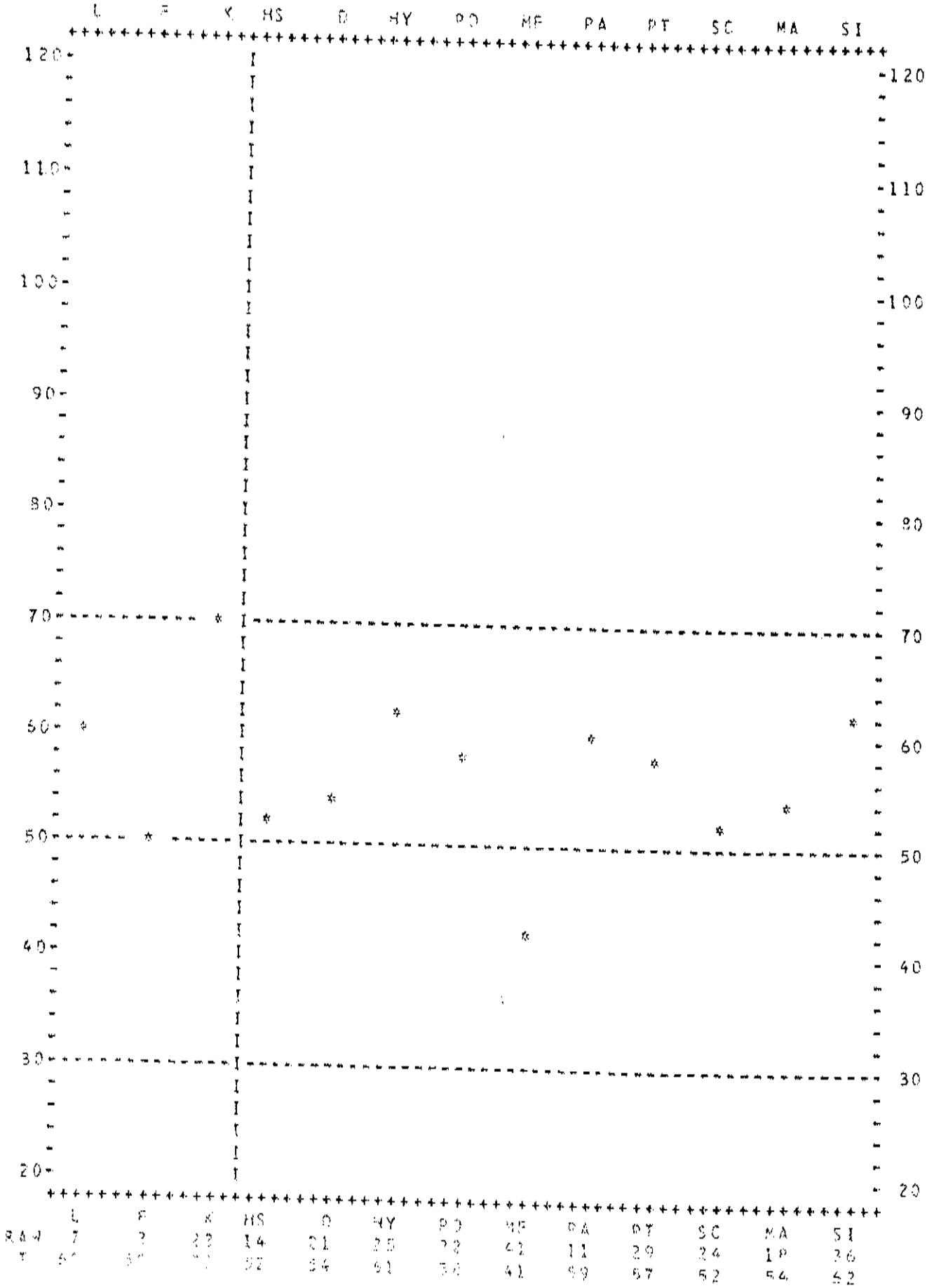
WELSH CODE: * *30-56479218/:=

1 IS THE BEST GROUP, LEVEL IS LOW

GROUP= 1 LEVEL= LOW TYPE= (01)

THIS IS THE MOST ADJUSTED OF ALL THE INMATE GROUPS WITH FEWEST PROBLEMS IN INSTITUTIONAL ADJUSTMENT AND INTERPERSONAL RELATIONSHIPS WITH BOTH PEERS AND AUTHORITIES. CRIMINAL RECORDS ARE USUALLY LESS SERIOUS THAN THOSE OF OTHER INMATE GRUPS AND THERE IS LESS SIGNIFICANT DRUG ABUSE. MORE OF THESE INMATES HAVE USUALLY BEEN INCARCERATED FOR PROPERTY CRIMES. THEY ARE LEAST LIKELY TO RECEIVE DISCIPLINARY WRITE-UPS AND RECIDIVISM RATES ARE TYPICALLY LOW. THERE IS, HOWEVER, HIGH ENERGY LEVL AND THEY ARE APT TO BE IMPULSIVE.
TREATMENT APPROACHES SHOULD SHOULD BE DESIGNED TO TAKE ADVANTAGE OF THE FACT THAT THEY ARE THE MOST LIKELY GROUP TO SUCCEED IN COMMUNITY PLACEMENT OR RESTITUTION CENTER TYPE PLACEMENT WHERE SENTENCING DATA PERMIT. THEY RESPOND WELL TO EDUCATIONAL AND VOCATIONAL TRAINING PROGRAMS AIMED AT DEVELOPING LEGITIMATE AVENUES OF FINANCIAL SUPPORT. ALTHOUGH THERAPEUTIC INTERVENTION IS NOT USUALLY A HIGH PRIORITY, REALITY THERAPY CAN BE EFFECTIVE.

MMPI PROFILE



P R O F I L E I N T E R P R E T A T I O N

THE FOLLOWING MMPI INTERPRETATION SHOULD BE VIEWED AS A SERIES OF HYPOTHESES WHICH MAY REQUIRE FURTHER INVESTIGATION. THIS REPORT IS CONFIDENTIAL AND SHOULD NOT BE SHARED WITH THE PATIENT.

THE VALIDITY OF THIS PROFILE MAY HAVE BEEN AFFECTED BY A RESPONSE SET CHARACTERIZED BY A MARKED TENDENCY TO BE DEFENSIVE AND TO PRESENT ONESELF IN A VERY FAVORABLE LIGHT. THE CLINICAL PROFILE MAY, THEREFORE, BE UNDULY LOWERED IN SOME WAY. INDIVIDUALS WHO OBTAIN SIMILAR TEST RESULTS ATTEMPT TO MINIMIZE AND OVERLOOK FAULTS IN THEMSELVES, THEIR FAMILY, AND THEIR CIRCUMSTANCES. LACK OF INSIGHT, UNWILLINGNESS TO ACCEPT PSYCHOLOGICAL INTERPRETATIONS, AND POOR ACCEPTANCE OF THE ROLE OF A PATIENT ARE COMMON CHARACTERISTICS. THOUGH THIS PATTERN IS LESS DEVIANT IN WELL-EDUCATED INDIVIDUALS, IT DOES SUGGEST DEFENSIVE RIGIDITY AND OVERCOMPENSATION FOR FEELINGS OF INADEQUACY.

THE 'V' CONFIGURATION ADDS SUPPORT TO THESE STATEMENTS AND FURTHER SUGGESTS MARKED EVASIVENESS. LOOK FOR PRONOUNCED USE OF REPRESSION AND DENIAL. A NEUROTIC PICTURE IS LIKELY. GENERALIZED LACK OF FLEXIBILITY, POOR INSIGHT, AND OVER-EVALUATION OF MORAL WORTH MAY BE PRESENT.

THIS PROFILE IS WITHIN NORMAL LIMITS. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS INDIVIDUAL BE CAREFULLY EVALUATED TO RULE OUT ANY POSSIBLE DEVIANT BEHAVIOR OR EXPERIENCES.

0015901S FEMALE AGE 38 FORM R 19930815 CLACKLER, DEBRA JOYCE INST = 5

BASIC AND SUPPLEMENTAL SCALES

	VRIN	TRIN	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
R	3	7	3	23	14	21	25	22	41	11	29	24	18	36
T	50	60	50	70	52	54	61	58	41	59	57	52	54	62

	D-K	D-S	HY-K	HY-S	PD-K	PD-S	PA-K	PA-S	MA-K	MA-S
R	5	15	4	21	3	10	4	7	4	9
T	43	66	53	69	44	56	55	57	46	50

	A	ANX	FRS	OBS	DEP	HEA	BIZ	ANG	CYN	CON	LSE	SOD	FAM	WRK	TRT
R	4	26	45	17	8	14	19	17	19	53	32	24	33	25	
T	38	70	56	42	44	71	66	40	47	67	58	52	74	48	

	D1	D2	D3	D4	D5	HY1	HY2	HY3	HY4	HY5	PD1	PD2	PD3	PD4A
R	6	7	3	1	2	3	9	2	3	6	1	4	4	4
T	44	56	49	44	45	49	69	48	46	68	46	55	40	45

	PD4B	PA1	PA2	PA3	SC1A	SC1B	SC2A	SC2B	SC2C	SC3	MA1	MA2	MA3	MA4
R	2	2	2	5	0	1	0	1	0	0	2	3	2	2
T	44	51	49	58	35	41	41	44	41	40	56	48	45	46

	SOC	DSP	FRM	MOR	REL	AUT	PSY	DRG	PAM	MDS	PHO	HYP	HEA
R	17	4	24	3	10	6	6	3	1	1	3	10	4
T	64	41	63	37	61	45	47	42	38	34	37	44	46

F-K = -20 AI = 54 IR = 0.94

C R I T I C A L I T E M S

THESE ITEMS WERE ANSWERED IN THE INDICATED DIRECTION. THOUGH TOO MUCH SIGNIFICANCE SHOULD NOT BE PLACED ON ANY INDIVIDUAL TEST RESPONSE, THESE RESPONSES MAY SUGGEST AREAS FOR FURTHER INVESTIGATION.

--- DISTRESS AND DEPRESSION ---

I AM EASILY AWAKENED BY NOISE. (T)
I CRY EASILY. (T)

--- AUTHORITY PROBLEMS ---

I HAVE NEVER BEEN IN TROUBLE WITH THE LAW. (F)

--- FAMILY DISCORD ---

MY RELATIVES ARE NEARLY ALL IN SYMPATHY WITH ME. (F)

00150716 FEMALE AGE 39 BORN 0 19930615 CLACKLER, DEBRA JOYCE INST =

ITEM RESPONSES

1 F	2 T	3 T	4 T	5 T	6 F	7 T	8 T	9 T	10 F
11 F	12 T	13 T	14 T	15 F	16 F	17 T	18 T	19 F	20 T
21 F	22 F	23 F	24 F	25 F	26 T	27 F	28 F	29 F	30 F
31 F	32 F	33 F	34 F	35 F	36 F	37 T	38 F	39 F	40 F
41 F	42 F	43 F	44 F	45 F	46 T	47 F	48 F	49 F	50 F
51 T	52 F	53 F	54 T	55 T	56 F	57 T	58 T	59 F	60 T
61 F	62 F	63 T	64 F	65 T	66 F	67 T	68 T	69 F	70 T
71 F	72 F	73 T	74 T	75 T	76 F	77 T	78 T	79 F	80 F
81 F	82 F	83 T	84 F	85 F	86 F	87 T	88 T	89 F	90 F
91 F	92 F	93 F	94 F	95 T	96 T	97 F	98 T	99 F	100 F
101 F	102 F	103 T	104 F	105 T	106 F	107 T	108 F	109 F	110 F
111 T	112 F	113 T	114 F	115 T	116 F	117 F	118 F	119 T	120 T
121 F	122 T	123 F	124 T	125 F	126 F	127 T	128 F	129 F	130 T
131 T	132 T	133 T	134 F	135 F	136 F	137 T	138 F	139 F	140 T
141 F	142 F	143 F	144 F	145 F	146 F	147 F	148 F	149 T	150 T
151 F	152 T	153 T	154 T	155 T	156 F	157 F	158 T	159 F	160 F
161 F	162 F	163 F	164 T	165 F	166 F	167 F	168 F	169 T	170 F
171 T	172 F	173 T	174 F	175 T	176 F	177 T	178 T	179 F	180 T
181 F	182 F	183 F	184 F	185 T	186 T	187 T	188 T	189 F	190 F
191 F	192 T	193 T	194 F	195 T	196 T	197 F	198 T	199 F	200 F
201 T	202 F	203 T	204 F	205 F	206 F	207 T	208 F	209 F	210 F
211 F	212 F	213 F	214 T	215 F	216 F	217 F	218 F	219 F	220 T
221 F	222 F	223 T	224 F	225 T	226 F	227 F	228 T	229 F	230 T
231 F	232 T	233 F	234 F	235 T	236 F	237 F	238 F	239 F	240 T
241 F	242 F	243 T	244 F	245 F	246 F	247 F	248 F	249 T	250 T
251 F	252 F	253 T	254 F	255 F	256 F	257 T	258 T	259 F	260 F
261 T	262 T	263 T	264 F	265 T	266 F	267 T	268 T	269 F	270 T
271 F	272 T	273 F	274 T	275 F	276 T	277 F	278 F	279 F	280 F
281 T	282 F	283 F	284 F	285 T	286 F	287 T	288 F	289 F	290 T
291 F	292 F	293 F	294 F	295 T	296 T	297 F	298 F	299 F	300 F
301 F	302 T	303 F	304 T	305 F	306 T	307 F	308 F	309 T	310 T
311 F	312 F	313 F	314 F	315 F	316 F	317 T	318 T	319 T	320 F
321 T	322 F	323 F	324 F	325 F	326 F	327 F	328 F	329 T	330 T
331 F	332 F	333 F	334 F	335 F	336 F	337 F	338 T	339 F	340 T
341 F	342 F	343 T	344 F	345 F	346 F	347 T	348 T	349 F	350 F
351 F	352 F	353 T	354 F	355 F	356 F	357 F	358 F	359 F	360 F
361 F	362 F	363 F	364 F	365 F	366 F	367 F	368 F	369 T	370 F
371 F	372 T	373 F	374 F	375 F	376 T	377 T	378 F	379 T	380 F
381 F	382 F	383 F	384 F	385 F	386 F	387 F	388 F	389 F	390 F
391 T	392 F	393 F	394 F	395 F	396 F	397 F	398 F	399 T	400 F
401 T	402 F	403 T	404 F	405 T	406 F	407 T	408 F	409 T	410 F
411 F	412 T	413 F	414 F	415 F	416 T	417 F	418 F	419 F	420 F
421 T	422 F	423 T	424 F	425 F	426 F	427 F	428 T	429 T	430 T
431 F	432 F	433 F	434 F	435 F	436 T	437 F	438 F	439 T	440 T
441 F	442 F	443 F	444	445	446 F	447 F	448 F	449	450 F
451 F	452 F	453 T	454 T	455 T	456 F	457 F	458 F	459 F	460 T
461 T	462 T	463 T	464 T	465 F	466 T	467 F	468 F	469 F	470 F
471 F	472 F	473 T	474 F	475 F	476 T	477 F	478 F	479 T	480 F
481 F	482 F	483 T	484 F	485 F	486 T	487 F	488 T	489 F	490 T
491 F	492 F	493 T	494 F	495 T	496 T	497 T	498 T	499 F	500 F
501 T	502 F	503 T	504 F	505 F	506 F	507 F	508 T	509 F	510 F
511 F	512 F	513 F	514 F	515 T	516 F	517 F	518 F	519 F	520 F
521 F	522 T	523 T	524 F	525 F	526 F	527 T	528 T	529 F	530 F
531 T	532 T	533 T	534 T	535 F	536 F	537 F	538 T	539 T	540 T
541 F	542 T	543 T	544 F	545 F	546 T	547 F	548 T	549 F	550 F
551 F	552 F	553 F	554 F	555 F	556 T	557 T	558 F	559 F	560 F
561 T	562 T	563 F	564 F	565 T	566 T				

PHS
PRISON HEALTH SERVICES INCORPORATED

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)

	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	___	___	___ Last weight at least 6 months ago
Persistent Cough	___	___	___
Chest Pain	___	___	___
Blood in Urine or Stool	___	___	___
Difficult Urination	___	___	___
Other Illnesses (Details)	___	___	___
Smoke, Dip or Chew	___	___	___
ALLERGIES	___	___	___
	✓	___	CODEINE

Weight_____ Temp_____ Pulse_____ Resp_____ Blood Pressure_____

Eye Exam: _____OD _____OS _____OU

If greater than > 140/90, repeat in 1hour. Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)

RESULTS

Tuberculin Skin Test (q yr) INH Ordered → Date given 7/25/05 Site LFA
Read on 7/28/05 Results 17 mm

Past Positive TB Skin Test
(Chest x-ray if clinical symptoms)
RPR (q 3 yrs)
EKG (baseline at 35, over 45 q 3 yrs)
Cholesterol (at 35 then q 5 yrs)
Tetanus/Diptheria (q 10 yrs)
(if done today)
Optometry Exam (@ 50 if not already seen)
Mammogram
(females @ 40, q 2 yrs/other M.D. order)

Survey Completed
Date_____ Results_____
Date_____ Results_____

Last Given_____ Due_____
Site given_____ Dose_____ Lot #_____
Date 7/1/05 Results benign

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart
Lungs
Breast Exam
Rectal (yearly after 45)
with Hemoccult
Pelvic and PAP (q 1 yr)

See prog notes → Sue 10/5/05
Results Hemoccult
Results
Date_____ Results_____

Facility TUTWILER Nurse Signature_____ Date_____

M.D. or Mid-Level Signature_____ Date_____

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Clacker, Debra	159516	11/20/54	WF

60513-AL

PHS0039

NAPHCARE

Annual Health and TB Screening for Inmates

Facility tat

Date Given: 9-9-3 Date Read

Site Given: LFA ~~CXR~~ Size in M.M.

Lot# 0041 ~~SP~~

Nurse S. Hartan Nurse

Note: **Past Positives and conversions**, use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 172 Previous Weight 171 B/P 130/82 Ht: 5'6"

	circle
Recent chest pain	Yes or (No)
Kitchen clearance assess. done and attached	Yes or (No)
Productive cough	Yes or (No)
Any bleeding	Yes or (No)
DIABETIC	Yes or (No)

Emergency contact Mims Betty Phone# 205-755-6968

Address 102 LaVerne Ave

Clanton Al 35045

Inmate signature X Debra Clackler Date 9/9/3

Witness signature S. Hartan Date 9/9/3

DOB 11-26-54 AGE 49 Race W SEX F SSN 417-80-9985

Inmate Name Clackler Debra AIS# 159516

NC-069

NAPHCARE
Annual Health and TB Screening for Inmates

Facility Tutwiler

Date Given: 9-23-02

Site Given: L F A

Date Read 9/25/02

Lot# 003280 Exp-9/03

Size in M.M. 0

Nurse Marion T. Wright, M

Nurse [signature]

Note: **Past Positives and conversions**, use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 169 Previous Weight 168 B/P 116/75

	circle
Recent chest pain	Yes or (No)
Kitchen clearance assess. done and attached	Yes or (No)
Productive cough	Yes or (No)
Any bleeding	Yes or (No)
Diabetic	Yes or (No)

Emergency contact Betty Mims Phone# 205-755-6568

Address 102 Laverne Ave Clanton, AL 35045

Inmate signature Debra Clackler

Witness signature Marion T. Wright, M Date 9-23-02

DOB 11-26-54 AGE 47 Race W SEX F SSN 417-80-9985

Inmate Name Clackler, Debra AIS# 159516

MC-069

NAPHCARE
Annual Health and TB Screening for Inmates

Facility Tut

Date Given: 5-29-01

Date Read 5-31-01

Site Given: L F A

Size in M.M. 0

Lot# C08 24AA

Nurse J Buchanan

Nurse J Buchanan

Note: **Past Positives and conversions,** use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 169 Lbs Previous Weight 170 B/P 118/74

	circle
Recent chest pain	Yes or (No)
Kitchen clearance assess. done and attached	Yes or No
Productive cough	Yes or (No)
Any bleeding	Yes or (No)

Emergency contact Betty Mims Phone (205) 7556968

Address 102 Laverne Ave
Clanton, Al 35045

*Inmate signature Debra Cockler Date 05/29/01

Witness signature J Buchanan Date 5/29/01

DOB 11/26/54 AGE 46 Race A SEX F SSN 417-80-9985

Inmate Name Cockler, Debra Joyce AIS# 159516

NC-069

PHS0042

HEALTH ASSESSMENT

I. HISTORY - (Nurse)

	YES	NO	COMMENTS
Weight Change (>15 lb.) (Compare Weight Below)		✓	Last Weight at least 6 mo.'s. ago:
Persistent Cough		✓	
Chest Pain		✓	
Blood In Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES	✓		Codeine

Weight 170 Temp. 98 - Pulse 72 - Resp. 16 - B.P. 112/68

Eye Exam: Without Glasses OD 50 OS 40 OU ____

With Glasses OD ____ OS ____ OU ____

II. TESTING - (Nurse)

	RESULTS
Tuberculin Skin Test (q yr.) (chest x-ray if clinical symptoms)	Date Given 3-2500 Site L F 17
RPR (q 3 yrs.)	Read On ____ Results ____ mm
Urine Dip (yearly) (Glu., Pro., RBC., WBC.)	Date ____ Results ____
EKG (baseline at 35, over 45 q 3 yrs.)	Results 3-25 00 WNL
Cholesterol (at 35 then q 5 yrs.)	1999
Tetanus/Diphtheria (q 10 yrs.)	Last Given 1993 Due 2003
If Done Today:	Site Given ____ Dose ____ Lot # ____
Mammogram – (Annually - Females > 49)	Date Done ____ Results ____

III. PHYSICAL

	RESULTS
Heart	WNL
Lungs	Clear
Breast (q 2 yrs. p 30)	Date ____ Results self breast exams
Rectal (yearly p 45)	Results ____ Hemocult ____
Pelvic and PAP (q 1 yr.)	Date 4/9.00 Results ____

Inmate Name Clackler Debra

DOB 11-26-54 Age 45 Race ____ Sex ____ AIS # 159514

Emergency Addressee Betty Mims SSN 417-80-9993

Address 102 Laurene Ave Clanton Ala 35045 Phone # 205 755 6968

Facility TW Nurse Signature [signature] Date 3-25-00

Physician Signature [signature] Date 5/9/00

3/28/99

PERIODIC HEALTH ASSESSMEN

I. HISTORY - (Nurse)	YES	NO	COMMENTS
Weight Change (>15 lb.) (Compare Weight Below)		✓	Last Weight at least 6 mo.'s. ago:
Persistent Cough		✓	
Chest Pain		✓	
Blood In Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES			Codeine

Weight 144 Temp. 98.7 Pulse 48 Resp. 12 B.P. 90/60
Eye Exam: Without Glasses OD 20/50 OS 20/40 OU ____
With Glasses OD ____ OS ____ OU ____

II. TESTING - (Nurse)	RESULTS
Tuberculin Skin Test (q yr.)	Date Given 3-28-99 Site L Forearm
(chest x-ray if clinical symptoms)	Read On 3/30/99 Results 0 mm
RPR (q 3 yrs.)	Date 3-19-97 Results NR
Urine Dip (yearly) (Glu., Pro., RBC., WBC.)	Results Complete 3/28/99
EKG (baseline at 35, over 45 q 3 yrs.)	done
Cholesterol (at 35 then q 5 yrs.)	ordered 3-28-99
Tetanus/Diphtheria (q 10 yrs.)	Last Given 1993 Due 2003
If Done Today:	Site Given ____ Dose ____ Lot # ____
Mammogram – (Annually - Females > 49)	Date Done ____ Results ____

III. PHYSICAL	RESULTS
Heart	Regular
Lungs	Clear
Breast (q 2 yrs. p 30) ✓	Date ____ Results ____
Rectal (yearly p 45) ✓	Results ____ Hemocult ____
Pelvic and PAP (q 1 yr.) ✓	Date 3/25/99 Results ____

Inmate Name CLACKLEY Debra AIS # 159516
DOB 11-26-54 Age 45 Race W Sex F SSN ____
Emergency Addressee Betty Mims Phone # (256)-755-6908
Address 102 Lucerne Avenue Gaston 35040
Facility TUTLER Nurse Signature ____ Date 3/28/99
Physician Signature ____ Date 3/29/99

8/1/98

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse)	YES	NO	COMMENTS
Weight Change (>15 lb.) (Compare Weight Below)		✓	Last Weight at least 6 mo.'s. ago:
Persistent Cough		✓	
Chest Pain		✓	
Blood In Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke. Dip or Chew		✓	
ALLERGIES		✓	

Weight 161 Temp. 98.4 Pulse 74 Resp. 14 B.P. 104/74

Eye Exam: Without Glasses OD ____ OS ____ OU ____

With Glasses OD 20/20 OS 20/20 OU ____

II. TESTING - (Nurse)	RESULTS
Tuberculin Skin Test (q yr.) (chest x-ray if clinical symptoms)	Date Given 4-7-99 Site ____ Read On ____ Results ____ mm
RPR (q 3 yrs.)	Date 3-19-99 Results ____
Urine Dip (yearly) (Glu., Pro., RBC., WBC.)	Results 4-7-98
EKG (baseline at 35, over 45 q 3 yrs.)	4-6-96
Cholesterol (at 35 then q 5 yrs.) ✓	4-6-96
Teranus/Diphtheria (q 10 yrs.)	Last Given 1993 Due 2003
If Done Today:	Site Given ____ Dose ____ Lot = ____

III. PHYSICAL	RESULTS
Heart	WNL
Lungs	C & R to A + P
Breast (q 2 yrs. p 30) ✓	Date 4-16-99 Results normal
Rectal (yearly p 45)	Results —
With Hemocult	Results —
Pelvic and PAP (q 1 yr.) ✓	Date 4-16-98 Results Normal

Inmate Name Clackler, Debra Joyce AIS = 159516

DOB 11/26/54 Age 43 Race W Sex F SSN 417-80-9985

Emergency Addressee Stacy Wyatt Phone = 755-9825

Address 917 Lacey St Clanton Ala

Facility EMC Nurse Signature [signature] Date 4-7-99

Physician Signature [signature] Date ____

PHS0045

PERIODIC HEALTH ASSESSMENT

I. HISTORY	YES	NO	COMMENTS
WEIGHT CHANGE (>15 LBS.)		✓	
PERSISTENT COUGH		✓	
CHEST PAIN		✓	
BLOOD IN URINE OR STOOL		✓	
DIFFICULT URINATION		✓	
ALLERGIES TO MEDS	✓		Codeine
SMOKING		✓	
OTHER ILLNESS (DETAILS)		✓	

II. PHYSICAL	RESULTS
HEART	NSL
LUNGS	CLR to A-P
PELVIC AND PAP (q 1 yr.)	DATE 3/19/97 RESULTS
BREAST (q 2 yrs p 30)	DATE 3/19/97 RESULTS
WEIGHT 160 RESP. 14	B/P 115/80 PULSE 50 TEMP. 98.5
RECTAL WITH HEMOCULT (yearly p 45)	

III. TESTING	RESULTS
TUBERCULIN SKIN TEST (q yr.)	✓DATE GIVEN: 3/19/97 READ: RESULTS
RPR (q 3 yrs.)	✓DATE: 3/19/97 RESULTS:
URINE DIP (yearly) (GLU., PRO., RBC, WBC)	✓ 3/19/97
MAMMOGRAM (40 and over q 2 yrs.)	DATE N/A
EKG (baseline at 35, over 45, q 3 yrs)	4-8-96
CHOLESTEROL (q 5 yrs.)	168 4-8-96
TETANUS / DIPTHERIA (q 10 yrs.)	1993

NURSE'S SIGNATURE Guest, LPN DATE 3/19/97

FACILITY EMC PHYSICIAN'S SIGNATURE

EMERGENCY ADDRESSEE Kevin Allen TELEPHONE # 365-2934

ADDRESS 104 Capri Ct; Prattville, AL 36067

DOB 11/26/54 AGE 42 RACE W SEX F SSN 417-80-9985

INMATE'S NAME Cleckler, Debra AIS# 159516

PERIODIC HEALTH ASSESSMENT

I. HISTORY	YES	NO	COMMENTS
WEIGHT CHANGE (>15 LBS.)	___	✓	
PERSISTENT COUGH	___	✓	
CHEST PAIN	___	✓	
BLOOD IN URINE OR STOOL	___	✓	
DIFFICULT URINATION	___	✓	
ALLERGIES TO MEDS	✓	___	Codeine
SMOKING	___	✓	
OTHER ILLNESS (DETAILS)	___	✓	

II. PHYSICAL	RESULTS
HEART	WNL Cycle taken
LUNGS	✓
PELVIC AND PAP (q 1 yr.)	DATE 4-12-96 RESULTS N
BREAST (q 2 yrs p 30)	DATE 4-12-96 RESULTS N
WEIGHT 150 RESP. 14	B/P 100/74 PULSE 64 TEMP. 96.8
RECTAL WITH HEMOCULT (yearly p 45)	

III. TESTING	RESULTS
TUBERCULIN SKIN TEST (q yr.)	DATE GIVEN: 4/3/96 READ: 4/5/96 RESULTS 0
RPR (q 3 yrs.) ~~urine~~	DATE: 6/16/94 RESULTS: Neg
URINE DIP (yearly) (GLU., PRO., RBC, WBC)	6/15/93
MAMMOGRAM (40 and over q 2 yrs.)	DATE
EKG (baseline at 35, over 45, q 3 yrs)	order
CHOLESTEROL (q 5 yrs.)	order
TETANUS / DIPTHERIA (q 10 yrs.)	1993

NURSE'S SIGNATURE V. Carter, LPN DATE 4/3/96

FACILITY Det. PHYSICIAN'S SIGNATURE

EMERGENCY ADDRESSEE Kevin Allen TELEPHONE # 365-2934

ADDRESS 104 Capri Ct. Prattville, Al. 36067

DOB 11/26/54 AGE 41 RACE W SEX F SSN 417-80-9985

INMATE'S NAME Clackum, Debra AIS# 159516

ANNUAL HEALTH ASSESSMENT

Baseline Wt. 183/168 Current Wt. 154

VITALS: Temp 98.1 Pulse 64 BP 110/70

GENERAL SURVEY: Interim History

Interim Social History: Tobacco Alcohol Drugs

SYSTEMS REVIEW:

H.E.E.N.T.
- Headaches
- Blackouts
- Earaches
- Nasal Congestion
- Nose Bleed
- Focus Probs.
- Visual Probs.
  - R-Transient 20/30
  - L-Transient 20/40

G.I. / ABD
- Vomiting
- Diarrhea
- Abd Pain
- Blood in Stools
- Hx Ulcer
- Hx Jaundice
- Indigestion
- Hernia

C.V.R.
- Cough
- Sputum
- Hemoptysis
- S.O.B.
- Chest Pain
- Palpatations

GENITO-URINARY
- Hesitancy
- Penile Disch.
- Hematuria
- Nocturia
- # after h.s.
- Urinary Flow

NEURO
- Numbness
- Weakness

SKIN
- Hx Raoh
- Allergies Codeine
- Current

JOINTS
- Pain
- Limitations
- Edema
- Pedal Edema

PHYSICAL EXAMINATION

H.E.E.N.T.
- PERL
- Nasal Polyps

Tonsils
- R. Sm ___ Lg. ___
- L. Sm ___ Lg. ___

- Dental Check
- Ears
  - R -
  - L -
- Neck:
  - Nodes
  - Thyroid

LUNGS:
- Rales
- Ronchi
- Wheezes

CARDIAC
- Murmur
- Rhythm
- P.M.I.
- Other

ABDOMEN
- Tenderness
- Masses

- Liver
- Spleen

Scars
- Surg.
- Other
- Hernia

ANAL / RECTAL
- Hemarrhoids
- Growths
- Condyloma
- Prostate
- Hemoccult (over 40)

GENETALIA
- Testes
- Scrotum
- Penis
- Pelvic Exam

JOINTS

	R.O.M.	DEFORMITY
Shoulder		
Elbow		
Wrist		
Fingers		
Hips		
Knees		
Ankles		
Squats On Toes		

NEURO
- Upper Extrem
- Elbow Reflex
- Finger Spread
- Hand grip
- Knee Reflex
- Achilles Reflex

LAB
- P.P.D. 5/14/94 (-) 3A
- VDRL (q 3 yr) 12/3/92
- Hct (q 3 yr) 6/15/93
- U / A (q 1 yr) 5/14/94
- FBS (q 2 yr)

Tetanus 1993

Signature of Examiner

Date 5/14/94

CLASSIFICATION I

In Case of Emergency Notify:

Kevin C. Allen
Name

103 Iser Street, Pattsville, AL 365-6855
Address Phone Number

Name Debra Joyce Clackler AISN 159516

F-56

PIIS0048

Annual Health Assessment

Baseline Wt. _____ Current Wt. 174 VITALS: Temp 99 Pulse 80 BP 100/60

GENERAL SURVEY: Interim History _____

Interim Social History: Tobacco NO Alcohol _____ Drugs _____

SYSTEMS REVIEW

H.E.E.N.T.
- Headaches ✓
- Blackouts
- Earaches
- Nasal Congestion
- Nose Bleed
- Focus Probs.
- Visual Probs
- R-Transient 20/30
- L-Transient 20/30

G.I./ABD
- Vomiting
- Diarrhea
- Abd Pain
- Blood in Stools
- Hx Ulcer
- Hx Jaundice
- Indigestion
- Hernia

C.V.R.
- Cough
- Sputum
- Hemoptysis
- S.O.B.
- Chest Pain
- Palpitations

GENITO-URINARY
- Hesitancy
- Penile Disch.
- Hematuria
- Nocturia
- #/hr h.s.
- Urinary Flow

NEURO
- Numbness
- Weakness

SKIN
- Hx Rash
- Allergies
- Current

JOINTS
- Pain
- Limitations
- Edema
- Pedal Edema

PHYSICAL EXAMINATION

H.E.E.N.T.
- PERL
- Nasal Polyps
- Tonsils
  - R. Sm _____ Lg. _____
  - L. Sm _____ Lg. _____
- Dental Check
- Ears
  - R-
  - L-
- Neck
  - Nodes
  - Thyroid

LUNGS:
- Rales
- Bronchi
- Wheezes

CARDIAC
- Murmur
- Rhythm
- P.M.I.
- Other

ABDOMEN
- Tenderness
- Masses
- Liver
- Spleen
- Scars
- Surg.
- Other
- Hernia

ANAL/RECTAL
- Hemorrhoids
- Growths
- Condyloma
- Prostate
- Hemoccult (over 40)

GENITALIA
- Testes
- Scrotum
- Penis
- Pelvic Exam

JOINTS — R.O.M. — DEFORM
- Shoulder
- Elbow
- Wrist
- Fingers
- Hips
- Knees
- Ankles
- Squats on Toes

NEURO
- Upper Extrem
- Elbow Reflex
- Finger Spread
- Hand Grip
- Knee Reflex
- Achilles Reflex

LAB
- P.P.D. 4-13-95
- VDRL (q 3yr) 12-3-92
- Hct (q 3 yr) 6-18-93
- U/A (q 1 yr) 4-13-95
- FBS (q 2 yr)

Detamus - 1993

Signature of Examiner _____

Date _____

Facility _____

In Case of Emergency Notify:

Name (Relationship) Betty Mims

Address Clanton, Al. Phone Number 755-6968

DOB 11-26-54 Age ____ Race W/F Sex ____ Soc. Sec. # 417-80-9985

Name Crackers Delvon
Last First Middle

AIS # 159516

Ht 5'0 Wt 183lb P 52 R 18 T 98.5 BP 120/90

VISION: R 20/25 L 20/20 P.P.D. 6/19/93 / 5/14/94

COMMENTS:

GENERAL APPEARANCE: Hct.

HIV

VDRL

PHYSICAL EXAMINATION:

	NEG.	ABNOR.
Head/Scalp		
Lids/Sclera/Conj		
Eye Muscles (E.O.M.'S)		
Pupils		
Fundi		
Ears		
Hearing T.F.		
Nose		
Teeth/Gums		
Pharynx		
Thyroid		
Neck Glands		
Carotid Bruits		
Chest/Lungs		
Heart (P.M.I.)		

HEART:

Rhythm		
Rate		
Murmur		
Breast Nipples		
Axillary Nodes		
Abd. Masses		
Abd. Tenderness		
Liver/Spleen		
Abd. Bruits		
Hernia Rings		
Inguinal Nodes		

PULSES:

Femoral		
Dorsalis Pedis		
Varicose Veins		
Pedal Edema		
Skin Lesions		

NAIL BEDS:

Fingers		
Toes		

	NEG.	ABNOR.
Neck		
Shoulders		
Touch Hands on Head		
Elbows		
Wrists		
Fingers		
Back		
Hips		
Knees		
Ankles/Feet		
Paralysis		
Gait		
Muscle Atrophy		
Tremor(s)		
Squats on Toes		

TENDON REFLEXES:

Elbow		
Wrists		
Knees		
Achilles		

FEMALES:

Vulva/Vagina		
Adnexae		
Cervix		
Uterus		
Utero/Rectocoele		
Pap Smear done		

MALES:

Penis		
Penile Discharge		
Penile lesions		
Herpes		
Testes		
Scrotal Sac		
Prostate		
Hemoccult		
Anal/Rectal		

COMMENTS:

EXAMINER

DATE 6-22-95

PHS0050

IN CASE OF EMERGENCY NOTIFY:

Name Betty Mims Address 163 Field Street Prattville Ala phone # 365-6833

Name Cheklee Debez AISN / 595 / 6 360066

F-268 SSN 417-80-9985

Birthplace Childress County

REPORT OF HEALTH ASSESSMENT

D.O.B. 11/20/54 Age 38 S M (W) D ALLERGIES Codeine

Former Occupation Assist Convent Stne How Long 2yrs

If any BLOOD RELATIVE has suffered any of the following-relationship of person

___ T.B. ___
___ Stroke ___
___ Migraine ___
___ Mental Illness ___
___ Epilepsy ___
✓ Diabetes grandmother
___ Cancer ___
___ Gout ___
___ Hypertension ___
___ Heart Attack ___

Date of last Immunization

Typhoid ___
Measles ___
Rubella ___ } childhood
Diptheria ___
Pertussis ___
Polio ___
Tetanus 6/19/93

PREVIOUS OPERATIONS (Year) 1988 Removal gall bladder - Tubal ligation 1979.

Current Medications: 0

MARK (c) for Current problems/check space and indicate age you had any of the following symptoms of disease

___ Head injury
___ Decreased hearing
___ Ringing in ear(s)
___ Ear Infections (freq.)
___ Dizzy spells
___ Fainting spells
___ Double / blurred vision
___ Eye pain
___ Eye Infections (freq.)
___ Nose bleeds (freq.)
___ Sinus problems
___ Sore Throats (freq.)
___ Hayfever / Allergies
___ Hoarseness-Prolonged more than 1 month
___ Recent change in Bowel Habits
___ Diarrhea
___ Constipation
___ Bleeding / Tarry Stools
___ Hemarrhoids
___ Gallbladder Trouble
___ Jaundice / Hepatitis
___ Hernia
___ Surgery for Hernia
___ Loss of Appetite-recent
___ Difficulty Swallowing
___ Indigestion / Heartburn
___ Persistent Nausea
___ Vomiting
___ Vomiting Blood
___ Stomach Ulcers
___ Abdominal Pain
___ Chest Pain

___ High Blood Pressure
___ Heart Murmur
___ Pounding Heart
___ Swollen Ankles
___ Leg Pain When Walking
___ Varicose veins / Phlebitis
___ Rheumatic Fever
___ Urinary Tract Infect.
___ Painful Urination
___ Blood in Urine
___ Overnight Urination
___ More than 2x / night
___ Lost Control of Urination
___ Decrease in force of Urination
___ Kidney Stones
___ Venereal Disease
___ Gonorrhea
___ Syphilis
___ Herpes
___ Penis Discharge
___ Penis sores or growths
___ Tuberculosis
___ Pneumonia/Pleurisy
___ Bronshitis
___ Cough-productive purulent (circle)
___ Asthma / Wheezing
___ Shortness of breath:
___ On EXERTION
___ LYING FLAT
___ Night Sweats

___ Chronic Fatigue
___ Weight Loss
___ Lb/time ___
___ Anemia
___ Sickle Cell Anemia
___ Bruise Easily
___ Cancer
___ Tumor(s)
___ Diabetes
___ Thyroid trouble
___ Convulsions / Seizures
___ Stroke
___ Tremor / Hands Shaking
___ Numbness of Extremities
___ Tingling in Extremities
✓ Headache(s)
___ Frequent Memory Loss
___ Rheumatism
___ Joint Problems
___ Back Pain
___ Back Pain persistent
___ Bone fracture(s)
___ Gout
___ Foot Pain
___ Arthritis
___ Rashes
___ Psoriasis
___ Cold / Numb Feet
___ Hives

___ Eczema
___ Nervousness
___ Depression
___ Use of Alcohol
___ oz. EtOH/week
___ Smoke
___ Cig. per day

FEMALES:

MENSTRUAL HISTORY

12 Age of Onset
Reg Regular / Irregular
✓ FLOW:
✓ Light
___ Moderate
___ Heavy
___ Pain / Cramps with
13 Menstrual Flow
3d Length of Cycle
2 Number of Pregs.
2 Number Live Births
0 Number of Miscarriages
Tubal lig Method of Birth Control
___ If pill, name of pill
___ Hot Flashes
___ Menopause
___ Breast knots / masses
___ Pain in Breasts

Other Symptoms or Disease

LMP 6/1/93

COMMENTS: ___

CLASSIFCATION: 1

NAME: Clackler, Debra AISN 159516

PHS0051

F-26A

PRISON HEALTH SERVICES

PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Clackler, Debra BCDC#: 159516

1. I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental problems.
2. I have had a treatment plan explained to me, including alternatives or the recommendation of no treatment.
3. I consent to the use of local anesthetics or other medications and that there may be side effects, including allergic reactions and this has been explained to me.
4. I have had the opportunity to ask questions which have been answered to my satisfaction.
5. I understand there is no guarantee of success or permanence of the treatment.

Debra Clackler
Patient's Signature

4/19/04
Date

L M Bryant DMD
Dentist's Signature

4/19/04
Date

PHS MD-70090

ACCESS TO HEALTH CARE SERVICES
NAPHCARE

Treatment for routine health services complaints is processed through nurse sick call screening seven days a week. You must complete a sick call screening form for requested health care evaluation.

Forms are located for you convenience in areas of easy access to you. Locked boxes are placed in the general housing areas or around the dinning hall for you too return your completed sick call form for collection. Nurse's issue and collect sick call request screening slips in the segregation/lock up housing areas.

Various doctor's clinics are held in the health unit Monday through Friday. If you are scheduled to be seen in a clinic you will be advised by facility daily newsletters routinely post notices of who is to report when and where for health care services. If you have requested a health service remember to follow-up.

If you request health services and do not show for evaluation you must sign a refusal of treatment form. If a health services appointment/clinic or treatment has been set for you and you do not show you will also have to sign a refusal of treatment form. This is to let us know you have decided you are okay and no longer need to see us.

Nurses are in house twenty-four hours a day seven days a week for routine health services and programs. Nurses are also available for emergency care. Doctor's are on call twenty-four hours a day seven days a week.

In-house medical staff reviews medical services requested over the weekend and on holidays. If your request is noted to be of a nature that will not wait until the next regularly scheduled evaluation (triage) time, you will be called to the health care unit for further follow-up during this time period otherwise your request will be held until the next regularly scheduled evaluation process.

Medical emergencies such as those involving intense pain, potential life threatening situations or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health services is provided.

Medications ordered for you by health services are to be picked up at the scheduled pill call/s established as the Doctor has ordered for you. If you fail to pick up medications as expected you will be called for counseling. If you continue to fail to pick up your medications you will be required to sign a refusal of treatment form.

Remember that health services are a joint effort between the patient and the health care provider. We expect you to help us help you.

Mental health services, dental services, medical services, chronic care clinics and many other health services are available. We wish you a healthy stay. If you need medical services we want you to understand how these services are obtained.

Certain over the counter medications are available to you through canteen purchase. Medical service is not involved in canteen operations.

We follow doctor's orders when dispensing medication-dose and time. If over the counter medication is given by health services it is through the order of a doctor.

Population pill calls at this institution are scheduled as listed below. If you have medication ordered report to the pill call your medication is to be dispensed at.
6:00 AM
11:00 AM
6:00 PM
9:00 PM

Segregation lock-up pill times are as listed below. Your medication will be issued to you on medication rounds.
8:30AM
12:30 PM
4:00PM

Dental screening requested are processed and appointments are scheduled at that time on the days listed below.

Screening days Tuesday/Thursday 7:45am-11: 30am

If you have a question request an answer.

Inmate Signature Debra Joyce Clackler

Witness J Rigsby, NP 5/6/03

NAPHCARE
CONSENT TO TREATMENT FORM

Clackler, Debra
Name of Inmate

Date

159516 DOB: 11-26-54
AIS # / DOB

I hereby give my consent to Naphcare, Inc., its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been make regarding the result of treatments or examinations performed by Naphcare, Inc.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Naphcare, Inc., its employees and agents from any and all liability which may arise from this action.

Debra Joyce Clackler
Inmate Signature

5/6/03
Date

Witness

5/6/03
Witness

NC 063 CONSENT TO TREATMENT FORM

PHS0055

QUESTCARE

PATIENT CONSENT TO TREATMENT FORM

Debra Clackler — Name of Patient
38 — Age
6/10/93 — Admission Date/Time

Betty Mims 103 Tew Street Prattville Ala 36067 — Name and Address of Spouse or Parent

1. I hereby authorize Questcare, Inc. it's employees and agents, and Dr.(s) D Wilson and/or such assistants as may be selected by him/her to treat the condition(s) which appear indicated by the diagnostic studies already performed:

Bronchitis

2. Should surgical or diagnostic procedure(s) become necessary, I will be informed of them with regard to alternative modes of treatment, the risks involved, and the nature of the procedure(s) to be done.

3. This in no way constitutes a warranty or guarantee that my present condition will be cured; QuestCare Inc., it's staff and employees will provide me with the best possible care available, but no assurance of cure is to be assumed.

4. I sign this willingly and voluntarily in full understanding of the above, and in so doing, I release QuestCare, Inc., It's directors and officers, it's staff employees, agents and physicians from any and all liability which may arise from this action, whether or not foreseen at present.

Lisa Bullock
Witness

Debra Clackler
Patient Signature

6/10/93
Date

Witness

PHS0056

LCS MEDICAL TRANSFER SUMMARY

FACILITY: SLCC

OFFENDER NAME: Debra Clackler DOC# 159516

DOB: 11·26·54 SS# 417-80-9985 RACE W SEX F

MEDICAL SUMMARY: Diagnosis, Current Treatment, Follow up appointments, etc.

Lipoma on Lt. side + constipation

TB SKIN TEST
RESULTS & DATE (+) hx took meds 2003

ALLERGIES: codeine

DIET: Bland

CURRENT MEDICATION & DOSAGE:
Tagamet 400mg BID
Dulcolax ii prn
Colace 100mg ii BID

CURRENT MENTAL HEALTH STATUS:

Stable - OK to travel

3/24/05
Date

[signature]
Name and Title of Staff Member Completing Form

NAPHCARE, INC.

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: Tutwiler

Date: 4-5-03

Time

Allergies Codeine

Food Handler Approved Y / N

Name Clackler, Debra

AIS 159516

Age Date of Birth 11-26-54

Race W Sex F

Current Acute Conditions/Problems: Fibrocystic breasts

Chronic Conditions/ Problems: no

Current Medications- Name, Dosage, Frequency, Duration:

Acute short term medications

Chronic Long Term Medications INH 300 mg QD x9 months

Chronic Psychotropic Medications Elavil 25mg QHS x180D

Current Treatments: Fibrocystic breasts

Follow up care Needed mammogram needed - not yet completed 4/6/03

Last PPD 9-23-02 Results 0 mms Last Physical 9/23/02

Chronic Clinics no

Specialty Referals no

Significant Medical History no

Physical Disabilities/Limitations no

Assistive Devices/Prosthetics Glasses Contacts

Mental Health History/Concerns Hx of depression

Substance abuse Y (N) Alcohol Y (N) Drugs Y (N)

Hx Suicide Attempt Date ___/___/___

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature/Title/Date 4/6/03

Transfer Reception Screening

Date__/__/__ Time_____am pm

S: Current complaint

Current medications/Treatments

O Physical Appearance/Behavior

Deformities: Acute/Chronic

T____P____R____B/P____

A

P Disposition (Instructions: Check or circle as appropriate)

_____ Routine sick call Instructions given

_____ Emergency referral

_____ HIV/TB Instructions given

_____ Physician referral

Urgent / Routine

_____ Medication Evaluation

_____ Work/Program Limitation

_____ Special Housing

_____ Specialty Referrals

_____ Chronic Clinics

_____ Mental Health

_____ OTHER

_____ Infirmary Placement

Receiving Facility:

Signature/ Title:

NC 071

PHS0058

NAPHCARE, INC.

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: Tut

Date: 8/30/01

Time 855

Allergies Codeine

Food Handler Approved Y / N

Name Clarke, Debra

AIS 157516

Age 44 Date of Birth 11/26/57

Race W Sex F

Current Acute Conditions/Problems:

Chronic Conditions/ Problems: 0

Current Medications- Name, Dosage, Frequency, Duration:

Acute short term medications

Chronic Long Term Medications 0

Chronic Psychotropic Medications 0

Current Treatments:

Follow up care Needed

Last PPD 5/3/01 Results 0 mms Last Physical 5/24/01

Chronic Clinics

Specialty Referals 0

Significant Medical History

Physical Disabilities/Limitations

Assistive Devices/Prosthetics 0

Mental Health History/Concerns 0 Glasses 0 Contacts 0

Substance abuse Y/N Alcohol Y/N Drugs Y/N

Hx Suicide Attempt Date __/__/__

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature/Title/Date:

B. Duguelas

Transfer Reception Screening

Date __/__/__ Time ____ am pm

S: Current complaint

Current medications/Treatments

O Physical Appearance/Behavior

Deformities: Acute/Chronic

T ____ P ____ R ____ B/P ____

A

P Disposition (Instructions: Check or circle as appropriate)

____ Routine sick call instructions given

____ Emergency referral

____ HIV/TB Instructions given

____ Physician referral

Urgent / Routine

____ Medication Evaluation

____ Work/Program Limitation

____ Special Housing

____ Specialty Referrals

____ Chronic Clinics

____ Mental Health

____ OTHER

____ Infirmary Placement

Receiving Facility:

Signature/ Title:

NC 071

PHS0059

DEPARTMENT OF CORRECTIONS
RECEIVING SCREENING FORM

NAME Debra Clackler SEX WF DOB 11/26/54 ID# 159516

DATE 6/10/93 TIME 4:25pm MEDICAL STAFF _____

SCREENER-INMATE QUESTIONAIRE

	Comment in space below	YES	NO
1.	Are you presently taking medication for diabetes, heart disease, arthritis, asthma, ulcers, high blood pressure, seizures, or other? Circle appropriate.		✓
2.	Do you have a special diet prescribed by a physician?		✓
3.	Are you taking prescribed medications?		✓
4.	Do you have medications with you?		✓
5.	Are you allergic to any medication? Codeine	✓	
6.	Have you recently been hospitalized, seen a medical or psychiatric doctor for any illness?		✓
7.	Do you have a history of venereal disease or abnormal discharge?		✓
8.	Have you fainted recently or had a recent head injury?		✓
9.	Do you have epilepsy?		✓
10.	Do you have a history of tuberculosis? TB test administered		✓
11.	Do you have diabetes?		✓
12.	Do you have hepatitis?		✓
13.	IF FEMALE-Are you pregnant?		✓
14.	IF FEMALE-Are you currently on birth control pills?		✓
15.	IF FEMALE-Have you recently delivered?		✓
16.	Do you have a painful dental condition?		✓
17.	Do you have any other medical problem we should know about? Hypoglycemia	✓	
18.	Do you use alcohol? IF YES, (a) how often? _____ (b) How much? _____ (c) When were you last drunk? _____ (d) When did you last drink? _____		✓
19.	Do you use any drugs? IF YES, (a) what types? _____ (b) How much? _____ (c) How often? _____ (d) When did you last? _____		✓

COMMENTS

1.	Access to Health Care Services Discussed		

VISUAL OPINION

1.	Does the inmate have obvious pain, bleeding or other symptoms?		✓
2.	Is there obvious fever, swelling, jaundice or evidence of infection?		✓
3.	Does the inmate appear to be under the influence of alcohol or drugs?		✓
4.	Are there any visible signs of alcohol/drug withdrawal?		✓
5.	Is the inmate conscious?	✓	
6.	Are there visible signs of trauma or illness requiring immediate care?		✓
7.	Does the inmate's behavior suggest the risk of suicide or assault?		✓

DISPOSITION/REFFERAL TO (Circle applicable response):

(a) Receiving Area (b) Emergency Care (c) Sick Call (d) Other _____

x Debra Clackler
Signature: Inmate

_____
Signature: Medical Staff

PHS0060

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Debra Clark

Date of Birth: 11/20/54 Social Security No.: 417-80-9982

Date: 2/12/06 Time: 9:10 A.M. P.M.

This is to certify that I, Debra Clark (Print Inmate's Name), currently in custody at the Tutwiler Prison (Print Facility's Name), am refusing to accept the following treatment/recommendations: Shoulder MRI (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Debra Clark (Signature of Inmate)**

(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

JTP
INSTITUTION

Clackler, Debra — NAME
159516 — NUMBER
W/F — R/S

Lay-in for ______ days from ______ (date) to ______ (date) due to ______

Instructions: Elevate feet as needed.

Failure to follow the directions above may result in a disciplinary.

8/15/94 — Date Issued
Dr. Mendez / J. Lewis Jr. — Signature

F-53

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

TUT
INSTITUTION

PHS0062

Clacker, Debra — NAME
159516 — NUMBER
W/F — R/S

Lay-in for ______ days from ______ (date) to ______ (date) due to Anemia

Instructions: ① Work stop c bedrest x 3 days

Failure to follow the directions above may result in a disciplinary.

8/4/03 — Date Issued
[illegible] — Signature

F-53